

DROP DUE TO NON-ATTENDANCE

* This form must be submitted to the Registrar's Office by the sixth day of the semester.

Fall Spring Summer _____
YEAR

CRN _____ Subject/Course Number/Section _____

Please check current roster on VandalWeb to verify student is still enrolled

Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____
Student Name _____	ID _____

Instructor's Name _____ Date _____
PLEASE PRINT

Instructor's Email _____ Phone _____

Please drop the student(s) listed above from my class. Although these student names appear on my official class roster, they have not attended ANY of the class sessions. Requests to drop must be submitted **by the sixth day of the semester** (Catalog regulation M-4).

Instructor's Signature _____

REGISTRAR USE ONLY

Processed by _____ Date _____